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FEB 16 2006

Date: February 16, 2006

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From:	Robert D. Atkins	602-229-5690	602-229-5311
Re:	USSN: 10/782,606 Farinella et al.		

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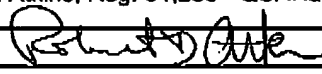
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/782,606	
	Filing Date	February 18, 2004	
	First Named Inventor	Maureen Farinella et al.	
	Art Unit	2841	
	Examiner Name	Kayes, Sean Phillip	
Total Number of Pages In This Submission	6	Attorney Docket Number	121357.00003

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Robert D. Atkins, Reg. 34,288 - QUARLES & BRADY STREICH LANG LLP	
Signature		
Date	February 16, 2006	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Maritza O'Neill	
Signature		Date Feb. 16, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

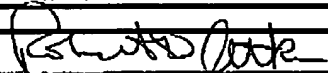
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/782,606
		Filing Date	February 18, 2004
		First Named Inventor	Maureen Farinella et al.
		Examiner Name	2841
		Art Unit	Kayes, Sean Phillip
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Attorney Docket No.	121357.00003

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 17-0055 Deposit Account Name: Quarles & Brady LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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FEE CALCULATION																																																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																	
	FILING FEES		SEARCH FEES		EXAMINATION FEES																																												
	Small Entity		Small Entity		Small Entity																																												
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)																																										
Utility	300	150	500	250	200	100																																											
Design	200	100	100	50	130	65																																											
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Reissue	300	150	500	250	600	300																																											
Provisional	200	100	0	0	0	0																																											
2. EXCESS CLAIM FEES																																																	
Fee Description							Small Entity																																										
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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200																																										
Multiple dependent claims							360																																										
							180																																										
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>- 20 or HP =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7">HP = highest number of total claims paid for, if greater than 20</td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>- 3 or HP =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7">HP = highest number of independent claims paid for, if greater than 3</td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	- 20 or HP =	x	=					HP = highest number of total claims paid for, if greater than 20							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				- 3 or HP =	x	=					HP = highest number of independent claims paid for, if greater than 3						
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3. APPLICATION SIZE FEE																																																	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																	
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																													
- 100 =	/ 50 =	(round up to a whole number) x	=																																														
4. OTHER FEE(S)																																																	
Non-English Specification, \$130 fee (no small entity discount)																																																	
Other: (1806) Information Disclosure Statement after Office Action							180.00																																										

SUBMITTED BY			
Signature		Registration No. 34,288 (Attorney/Agent)	Telephone 602-229-5311
Name (Print/Type)	Robert D. Atkins	Date February 16, 2006	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Maureen M. Farinella *et al.*
Application No. : 10/782,606
Date of Filing : February 18, 2004
Title : *BOOKMARK WITH INTEGRATED ELECTRONIC TIMER
AND METHOD THEREFOR*
USPTO Customer No. : 26707
Group Art Unit : 2841
Examiner : Kayes, Sean Phillip
Attorney Docket No. : 121357.00003

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 C.F.R. § 1.97

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Dear Sir:

Applicant hereby brings to the attention of the Examiner the documents noted on the accompanying Form PTO-1449. This Information Disclosure Statement is being filed after the mailing date of a first Office Action on the merits.

Please note that the information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement, specifically, February 6, 2006.

It is respectfully requested that the information cited herein be expressly considered during the prosecution of this application and made of record on any patent to issue therefrom. Submission of a reference on the enclosed Form PTO-1449 is not to be construed as indicating the reference is prior art.

02/17/2006 FMTEK11 00000067 170055 10782606

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USPTO Serial No. 10/782,606
Farinella et al.
Supplemental Information Disclosure Statement

The Commissioner is hereby authorized to charge any cost that may be due to Deposit
Account No. 17-0055.

Respectfully submitted,
QUARLES & BRADY STREICH LANG LLP

February 16, 2006

By: _____



Robert D. Atkins
Reg. No. 34,288

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One Renaissance Square
Two North Central Avenue
Phoenix, AZ 85004
Telephone: 602-229-5311
Facsimile: 602-229-5690
E-mail: rda@quarles.com

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Complete if Known

(Use as many sheets as necessary)

1

Application Number	10/782,606
Filing Date	February 18, 2004
First Named Inventor	Farinella, Maureen
Art Unit	2841
Examiner Name	Kayes, Sean Phillip
Attorney Docket Number	121357.00003

[illegible][illegible]

**Examiner
Signature**

Date	
Considered	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinda Codes of USPTO Patent Documents at www.uspto.gov or MPEP § 901.04. ³ Enter Office that issued the citation, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language translation is attached.

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Substitute for form 1449/PTO

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Complete if Known

Application Number	10/782,606
Filing Date	February 18, 2004
First Named Inventor	Farinella, Maureen M.
Art Unit	2841
Examiner Name	Kayes, Sean Phillip
Attorney Docket Number	121357.00003

[illegible]

Examiner Signature		Date Considered	
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